STATE VETERANS HOME PLAN OF CORRECTION -

DATE OF INSPECTION: Norfolk State Veterans Home – Skilled 3/09/09 – 3/11/09

STANDARD		DEFICIENCY	PLAN OF CORRECTIVE ACTION	SVH STAFF	EVIDENCE OF IMPROVEMENT	VA STAFF SIGNATURE	DATE	METHOD OF REVIEW
51.210 Administration o. 1. i. ii. iii. iv.	Clinical Records. The facility management must maintain clinical records on each resident in accordance with accepted professional standards and practices that are: Complete; Accurately documented; Readily accessible; and Systematically organized	This regulation was not met as evidenced by: --23 of 23 sample charts pulled for survey had Pain assessments that had not been updated per policy of 6-16-08. Pain scales were changed from a 5 point scale to 10 point scale approximately 6-7 months ago per MDS coordinator and not all members have been updated to the new scale to date. -MAR for member #2 does not include the time of administration for the morning dose of acetaminophen twice daily on 3/6/09, the morning doses of ferrex forte twice daily on 3/1, 6, evening doses on 3/1, 5, 7, morning doses of propranolol twice daily 3/1, 3/6, evening doses on 3/1, 5, 7, 8, morning doses of prostat AWC twice daily 3/1, 6, and evening doses on 3/1, 5, 8. -MAR for member #40 does not include the time of administration for evening doses of ocuvite twice daily on 2/1, 2, 3, 4, 5, 6, 7, 8, 14, 17, 18, 20, 23, 25, 26, 28 and morning doses on 2/11, 14, 18 -MAR for member #18 does not included the time of administration for the morning doses of senna/docusate twice daily 3/2, 4, 5, 6, 7, 8, 9, 10 -Mar for member #20 does not included administration time for morning doses of alprazolam twice daily 3/3, 4, 5, 6, 7, 8, 9, 10 -Member #7 care plan lists milk as 'allergy'. Member has no allergy or intolerances listed on the Allergy Alert posted on the medical record.	The Pain Assessment has been revised to include quarterly reviews. All RN's have been educated to this revised form and the policy and procedure. The assessments will be completed by 5/1/09. Nursing Staff have been re-educated to document times given on those meds that are given multiple times a day. Completion 4/10/09. Audits will be completed weekly x 4, then monthly x4, then quarterly for compliance. Results of the audits will be taken to QA for review and recommendations. Member #7, see POC 51.110 (d) (i) (ii)	Roz Phillips Joan Hult Kathy Brown Joe Mrsny				
51.210 Administration u.	Intermingling. A building housing a facility recognized as a State home for providing nursing home care may only provide nursing home care in the areas of the building recognized as a State home for providing nursing home care.	This regulation is not met as evidenced by: Member #48 is care planned as independent with ADL's and self administers medications; has personal vehicle on grounds. Upon interview with staff (LPN day shift and LPN afternoon shift) they reported that member #48 is independent in ADL's. Staff reported that they check on member #48, but that this member does his cares for himself. Member #49 care plan goal is to continue to complete all ADL's independently AEB will being well groomed and neat	NVH will complete letter to Department Of Veterans Affairs requesting an increase in domiciliary beds from 20 to 30 beds in Unit B. NVH will only provide nursing home care in the areas of the building recognized as nursing except	Jerry Eisenhauer				

		appearance. Care plan addresses that member #49 is independent with ted hose and self administers medications. It was noted in the H&P on the chart that this member is at NVH due to alcohol and substance abuse; and independent in all ADL's including self administration of medications and showers self. Member #49 was interviewed and reported that does all cares independently except for a weekly IM medication. When surveyor entered member #49 room, there was a small bucket of water. Member #49 reports that he had just washed his wheelchair which he does weekly, so the staff does not have to do it. Member #50 is independent in all ADL's; care plan and treatment sheets demonstrate staff apply prosthetic spray to stump and clean the stump liners daily. Member ADL flow sheets indicate member is independent in ADL's. Staff and member report that member is independent in ADL's. Member #8 is care planned to assist to button shirt if wife is not available; assure he completes his scheduled bathing, does independently with oversight from spouse; make sure all his supplies are available to compete his daily ADL's. Remind him to report skin redness, rashes; showers independently. During member interview, member #8 reported he does his own cares and the staff "check him". Member #8 has medications at bedside and self administers medications.	for those members cohabiting with a spouse in a higher level of care. Completion: 5/13/09					
51.40 Monthly Payment. a. 2.	Per diem will be paid only for the days that the veteran is a resident at the facility. For purposes of paying per diem, VA will consider a veteran to be a resident at the facility during each full day that the veteran is receiving care at the facility. VA will not deem the veteran to be a resident at the facility if the veteran is receiving care outside the State home facility at VA expense. Otherwise, VA will deem the veteran to be a Resident at the facility during any absence from the facility that last no more than 96 consecutive hours. This absence will be considered to have ended when the veteran returns as a resident if the veteran's stay is for at least a continuous 24-hour period.	This regulation was not met as evidenced by: There were two members that were on pass for more then 96 hours in December, 2008 from the 24th through the 27th. The VA was charged for both for a total of eight days. The Norfolk Veterans Home owes the VA for those eight days.	NVH is adjusting the per diem request on the Form 10-5588 for the month of December, 2008 to cover the four days shown as "pass" on the original reports for the month of 12/08. Completion: 4/10/09 Accounting will audit pass times of those members on passes of 4 days to make sure the time out of the facility does not exceed 96 hours.	Lori Keenan				
51.70 Resident Rights n.	The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility management	This regulation is not met as evidenced by: - The Facility is not following their Self-Administered Medications and Treatments policy as evidenced by: Member # 41 record does not contain an account of medications left at the end of each fill cycle. Pharmacy dispensing record indicates that	Pharmacy will continue to have an accounting of medications returned to the	Roz Phillips Kathy Brown				

	must protect and promote the rights of each resident, including each of the following rights: Self-Administration of drugs. An individual resident may self-administer drugs if the interdisciplinary team, as defines by § 51.110(d)(2)(ii) of this part, has determined that this practice is safe.	this member was credited 1 multivitamin on 1/16/09 and 3 multivitamins on 2/13/09. -Member #42 record does not contain and account of medications left at the end of each fill cycle.	Pharmacy. Nursing staff have been re-educated regarding documentation of meds left on fill days for those members on self-med administration. Completion 3/20/09.Audits will be completed after every fill day for compliance. Results of the audits will be taken to QA for review and recommendations					
51.100 Quality of Life. a. b. 1. 2. 3.	A facility management must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. Dignity. The facility management must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Self-determination and participation. The resident has the right to: Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans for care; Interact with members of the community both inside and outside the facility; and Make choices about aspects of his or her life in the facility that are significant to the resident.	This regulation is not met as evidenced by: - 3 out of 5 employees monitored giving members baths did not allow for member dignity during bathing. -Employee #22 gave a tub bath; she did not offer or put a towel over lap area after undressing member prior to getting him into the tub. -Employee # 9 gave a tub bath; she did not offer or put a towel over lap area after undressing member prior to getting him into the tub. -Employee # 20 gave a bath to member #39 during that time employee #20 had difficulty with the tub lift and had to change the battery several times in order for it to work; this also involved two other employees # 19 and # 21. At no time during this process was the member covered with a towel or bath blanket. This occurred on Unit E on 3 -9-09.	Nursing staff have been re-educated on providing dignity with bathing with providing privacy and lap coverage. Completion 4/10/09. Audits will be completed monthly for compliance. Results of the audits will be taken to QA for review and recommendations	Roz Phillips Kathy Brown				
51.110 Resident assessment. a.	The facility management must conduct initially, annually and as required by a change in the resident's condition a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity. Admission orders. At the time each resident is admitted, the facility management must have physician orders for the resident's immediate care and a medial assessment,	This regulation is not met as evidenced by: -11 out of 23 charts selected for survey review triggered Physical Restraints. Of the 23 charts 13 out of 15 reviewed charts, Section P4b was marked 2 which by MDS definition means used daily. Section P4b is: Other types of side rails (e.g. half rail, one side). Through discussion with staff and observation of members rooms it was determined that the side rails are not being used as physical restraints rather they are being used as enabling devices to enhance member mobility.	Education was provided at the time of the inspection by the surveyor to the MDS nurses. Nursing staff have been re-educated on documentation of side rail usage. Completion 4/10/09.	Joan Hult				

	including a medical history and physical examination, within a time frame appropriate to the resident's condition, not to exceed 72 hours after admission, except when an examination was performed within five days before admission and the findings were recorded in the medical record on admission.		QI/QM % of restraints used will be reviewed monthly to assure MDS accuracy until % is an accurate reflection of # or restraints.	Kathy Brown				
51.110 Resident assessment. d. i. ii.	The facility management must conduct initially, annually and as required by a change in the resident's condition a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity. Comprehensive care plans. The facility management must develop an individualized comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's physical, mental, and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the following: The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under § 51.120; and Any services that would otherwise be required under § 51.120 of this part but are not provided due to the resident's exercise of rights under § 51.70, including the right to refuse treatment under § 51.70(b)(4) of this part	This regulation is not met as evidenced by: -Chart reviews indicating that Member #6 had a change in his tube feeding regimen on 1/29/09 to reduce formula to 50mL per hr and increase flush to 70mL per hour. This change was ordered by physician and added to the MAR but the care plan was not updated. Per staff member #11, the nurse that takes the order change is to update the care plan. Member #5 is on a mech soft diet however, care plan states that 'he always chooses to have regular sausage, bacon and ham at breakfast'. Member choice for regular bacon/sausage and ham at breakfast was not observed on his diet card and he did not receive it during observation 3/10/09 breakfast. Member #30 has listed on his 2/2009 care plan: lactose free diet. MD diet order also states no milk or scrambled eggs. Member received a room tray for breakfast on 3/11/09. Diet card lists lactose under intolerances and milk was not on food listed for the breakfast meal on the diet ticket. Observed member received an 8oz glass of milk, a croissant with a scrambled egg patty on it. Staff member #14 stated pt likes milk on his cold cereal every day. Member has diet card note to provide rice krispies or cheerios. Member #7 care plan lists milk as 'allergy'. Dietary section of the medical record indicates no known allergy or intolerances on care plan data collection from 2/12/09 & 11/12/09.	Member #6's care plan has been updated to include the change in the tube feeding. Completion 3/11/09. Nursing staff have been re-educated to update the care plan with order changes. Completion 4/10/09. Audits will be completed monthly for compliance. Results of the audits will be taken to QA for review and recommendations Food Service Assistants were in-serviced on 3/10/09 to follow diet cards for instructions, interventions, preferences and to give members adaptive equipment. A diet card audit will be conducted weekly for 1 month, then monthly starting 3/30/09. Results of the audits will be taken to QA for review and recommendations Adaptive equipment usage, special instructions audit was completed 3/24/09 with care plan revision completed	Joan Hult Joe Mrsny Joe Mrsny Joe Mrsny				

			on 3/27/09. This audit will be added to the QA audit calendar.					
51.120 Quality of care. g.	Each resident must receive and the facility management must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Mental and Psychosocial functioning. Based on the comprehensive assessment of a resident, the facility management must ensure that a resident, who displays mental or psychosocial adjustment difficulty, receives appropriate treatment and services to correct the assessed problem. .	This regulation was not met as evidenced by: -Review of medical record and discussion with staff members. Member #21 is not receiving appropriate treatment and services to correct the assessed problem. He currently is receiving Hospice Services. In review of care plan for this member it is aggressive in nature rather than comfort measures and end of life directed, i.e. labs, weekly weights, special diet regarding fats, etc. Through individual discussions with the Social Service Director, the Recreation director and the Medical doctor, it was learned that this member was receiving Hospice services so as to provide him/her with additional attention as he/she had been assessed as being a high need individual. He/she was in fact doing better with the Hospice service than without it. It was anticipated that he/she would no longer qualify for Hospice when reevaluated at the end of 6 months. It was stated that this individual was needy and that there had been some life experiences that had in fact contributed to this neediness. This was not identified on the care plan. Hospice services are not appropriate to meet an individual's need for attention. -This also, is not met as evidenced by review of medical records for 15 members. The facility is not following their Behavior Management Policy dated December 22. 2008, procedure # 18. Procedure 18 is a detailed description of how to fill out the Behavior Monitoring/Intervention Record. The facility staff are writing a synopsis of behaviors and medications periodically rather than gathering the specific data for each behavior. It is not possible to, assess for causes of behaviors, determine appropriate interventions, assess for appropriate medication and/or medication reduction without the specific documentation.	Member #21's clinical plan of care has been revised to comply with Hospice guidelines, discontinuation of aggressive measures. His diet has always been a regular diet. Hospice will re-evaluate his continued need of hospice at the end of 6 months, 5/25/09. His care plan team reviewed and revised his care plan. All members on hospice were reviewed for aggressive measures. Clinical plans of care have been revised to discontinue aggressive measures. Completion date: 4/10/09 The Behavior Monitoring policy and procedure has been revised. All staff has been educated on these changes. Nursing staff have been re-educated on completing the Behavioral form tracking with completion of all boxes on this form. Completion date: 4/10/09 Audits will be completed quarterly to assure compliance. Results of the audits will be taken to QA for review and recommendations	Tod Voss RoseAnn Ross Roz Phillips				
51.120 Quality	Each resident must receive and the	This regulation was not met as evidenced by: - Employee # 23 left her housekeeping cart unattended in a members	Maintenance and housekeeping staff	Jeff Rethwisc				

of care. i. 1. 2.	facility management must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Accidents. The facility management must ensure that: The resident environment remains as free of accident hazards as is possible; and Each resident receives adequate supervision and assistance devices to prevent accidents.	room. There were chemicals left on top of the cart and the locked cubby of the cart was unlocked with chemicals available for access. This occurred during tour of Unit F on 3-9-09 -Maintenance cart was left unattended at the end of the entry corridor with all their tools eaily accessible to all. 3-10-09, 2:30 p.m. -It should be noted that the facility has notified VA of re-evaluation of physical plant to assure greater safety for members at risk for elopement.	has been educated on not leaving carts/tools unattended. Completion date: 3/30/09 The Safety Committee will monitor monthly for compliance. Results of the audits will be taken to QA for review and recommendations	h Kim Davis Kathy Brown				
51.120 Quality of care. m. 1. i., ii., iii., iv., v., vi.	Each resident must receive and the facility management must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Unnecessary drugs: General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: In excessive dose (including duplicate drug therapy); or For excessive duration; or Without adequate monitoring; or Without adequate indications for its use; or In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or Any combinations of the reasons above.	This regulation is not met as evidenced by: Member #2 has an order for ferrex forte twice daily for anemia. No iron studies (ferritin, TIBC) throughout the past year found in lab section of the medical record. Member #5 has an order for glyburide/metformin 5/500mg 2 PO BID and lantus 20 units Q HS. According to the 2009 American Diabetes Association Consensus Statement glyburide is not a preferred medication and sulfonylurea therapy should be discontinued when insulin is started since they are not considered to be synergistic. Member #20 has an order for alprazolam 0.125mg Twice Daily. Alprazolam is not a preferred benzodiazepine in the elderly population secondary to a decreased capacity for oxidation and alterations in the volume of distribution, drug accumulation may result. Member #20 has an order for clonidine 0.1mg 1/2 tab Q 4 Hours PRN for hypertension but does not give blood pressure parameters for administration. Members blood pressure noted to be as high at 160/80 and as low as 64/40. Member #21 admitted to Hospice care 11/08. The following lab orders remain active: CBC, C-Diff, CMP, UA with culture and sensitivity, EKG, T4, THS, PSA, B12, Folate, fasting lipid panel, BNP every August, T4, TSH every 6 months, Lipid panel every 6 months, BNP every 3 months. Member # 43 has the following orders: risperidone 1mg/mL, 1mg Q AM and 1.5mg Q HS for agitation and risperidone 1mg/mL 0.5mg as directed PRN chart dose and time, give 1 hour prior to baths with the indication of psychosis. MAR indicates that member received this PRN medication 1/6/09 at 0515, 1/13/09 at 0530, 1/20/09 at 0600 with the reason listed as bath agitation. Member is bathed twice weekly once on the day shift and once on the evening shift with which he does not require an additional dose of a psychotropic medication. Recommend review of PRN psychotropic used prior to bathing; demonstrate use of alternative interventions prior to medication therapy.	The clinical plan of care has been revised for the following members: #2, 5, 20, 21 and 43. Member #43 has not utilized the prn Risperidone since 1/20/09. Completion date: 4/1/09 The Consultant Pharmacist will monitor and make recommendations for discontinuation of unnecessary meds. Med reviews will be audited monthly for recommendations. Results will be taken to QA for review and recommendations.	Tod Voss Tod Voss				
51.120 Quality of care. n. 1.	Each resident must receive and the facility management must provide the necessary care and services to attain or maintain the highest practicable	This regulation is not met as evidenced by: Member # 44 has order for Prevacid Solutab to be dissolved in 10 mL of water and given 30 minutes prior to a meal every day. During observed med pass with Staff # 12, prevacid solutab was crushed and	Pharmacy will list directions of administration on the MAR and the					

2.	physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Medication Errors. The facility management must ensure that: Medication errors are identified and reviewed on a timely basis; and Strategies for preventing medication errors and adverse reactions are implemented.	administered in pudding at 0920 after breakfast. Member # 44 also has an order for Toprol XL once daily. Staff # 12 prepared to crush the tablet prior to administration which was prevented by surveyor. Staff member noted that she had passed these medications this way before. Facility had not identified these medication errors and the staff member did not have easy access to drug information regarding medications that should not be crushed.	medication label. Each unit has a drug reference book available in the nursing workrooms for staff to utilize. Nursing staff has been re-educated to give meds as these directions read. Completion date: 4/10/09.					
51.140 Dietary Services c. 1. 2. 3.	The facility management must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. Menus and nutritional adequacy. Menus must: Meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; Be prepared in advance; and Be followed.	This regulation is not met as evidenced by: -During AM meal observation 3/9/09 Member #4 who requires assist with feeding has '2% milk x 3' listed on the 'Notes' section of his diet card. He did not receive milk until this surveyor inquired about it. -During AM meal observation 3/10/09 Member #5 did not receive hot cereal indicated on his diet card until after the surveyor asked about it. Members in the 'independent' dining room are asked to indicate their diet preferences on a diet ticket and submit to food service who will serve the food. -During noon meal observation 3/10/09: Member #12 had ½ glass chocolate milk on his ticket but did not receive. Stated he could not carry it because he uses a walker and was too tired to go back up and request it now. -Member #7 who is lactose intolerant has dietary note to 'give soy milk x 3' on his tray ticket. This item was circled in red on diet ticket. He did not receive it and did not remember to request it after turning in his diet ticket and receiving his meal.	See 51.110 (d) (i) (ii)	Joe Mrsny				
51.140 Dietary Services d. 1. 2. 3. 4.	The facility management must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. Food. Each resident receives and the facility provides: Food prepared by methods that conserve nutritive value, flavor, and appearance; Food that is palatable, attractive, and at the proper temperature; Food prepared in a form designed to meet individual needs; and Substitutes offered of similar nutritive value to residents who refuse food served.	This regulation was not met as evidenced by: - Member #22 has diet order for puree with mech soft fruit and vegetables. Member had puree pears on his diet card for breakfast 3/10/09 and was served pureed pears. -Member #5 is on a mech soft diet however, has care plan intervention stating that he 'always chooses to have regular sausage, bacon and ham at breakfast'. Member choice for regular bacon/sausage and ham at breakfast was not observed on his diet card and he did not receive it.	See 51.110 (d) (i) (ii) Nursing has changed the notification process for new dietary orders. Completion date:3/15/09 This new diet order process will be audited monthly with results to QA for review and recommendations.	Joe Mrsny				
51.140 Dietary	The facility management must provide	This regulation was not met as evidenced by:	See 51.110 (d) (i)	Joe				

Services g.	each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. Assistive devices. The facility management must provide special eating equipment and utensils for residents who need them.	-Member #5 has care plan interventions for plate guard and member did not receive the plate guard during observation 3/10/09. Member had dropped most of his ground sausage in his lap. Plate guard was listed on his diet card. -Member #30 has listed on his 2/2009 care plan: large handle utensils. Member received a room tray on 3/11/09. Observed member was provided regular utensils - no large handle utensils. Per staff member #14 stated member has not been using the large handle flatware for several months. -Member #32 had built up spoon listed under 'special utensils' on his diet card. During meal observation 3/11/09 member did not receive a built up spoon. Member did not have any adaptive equipment on his care plan 2/2/09 or on the dietary review data collection	(ii)	Mrsny				
51.180 Pharmacy services. b. 1. 2. 3.	The facility management must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 51.210 (h) of this part. The facility management must have a system for disseminating drug information to medical and nursing staff. Service consultation. The facility management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located who: Provides consultation on all aspects of the provision of pharmacy services in the facility; Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	This regulation was not met as evidenced by: -The Controlled Substance Disposition indicates that the pharmacy has #100 tablets of Morphine ER 15mg 11/12/08. These tablets are not found on inspection of the pharmacy. The pharmacy has record that these tablets were borrowed from the local hospital on 11/12/08 and returned 11/19/08 but does not have the required DEA 222 form for this transaction.	Pharmacy revised its policy to include use of DEA-222 form for all narcotic medication transactions. NVH policy was revised to include whenever a med is “borrowed”, the pharmacy contract manager will be notified by the pharmacist. Completion date: 4/10/09. The results will be given to QA for review and recommendations.	Pharmacist Roz Phillips				
51.180 Pharmacy services. c. 1. 2.	The facility management must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 51.210 (h) of this part. The facility management must have a system for disseminating drug information to medical and nursing staff. Drug regimen review. The drug regimen of each resident must be reviewed at least once a month	This regulation is not met as evidenced by: -10 out of 10 records reviewed do not have a completed drug regimen review for the months of July, August, September, October, and November 2008. All ten records have completed drug regimen reviews for December 2008, January and February 2009 but no reviews report any irregularities.	A consultant pharmacist was hired in 12/08. He will be re-educated as to drug regime review to include guidelines how to do a med review. Completion: 4/15/09 The reviews will be monitored monthly with the results shared with QA for	Tod Voss Roz Phillips				

	by a licensed pharmacist. The pharmacist must report any irregularities to the primary physician and the director of nursing, and these reports must be acted upon.		review and recommendations					
51.180 Pharmacy services. d.	The facility management must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 51.210 (h) of this part. The facility management must have a system for disseminating drug information to medical and nursing staff. Labeling of drugs and biologicals. Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	This regulation is not met as evidenced by: Member # 45 has an order for Darvocet N-100 1 PO Q HS and an order for Davrocet N-100 1 or 2 tablets PO Q 4 Hours PRN. These medications are unit dose packaged by the local Hospice pharmacy but all packages are labeled 1 or 2 tablets PO Q 4 Hours PRN Member #21 has an order for Neurontin 300mg BID at 0400 and 2200 and an order for Neurontin 400mg BID at 1000 and 1600. The Neurontin 300mg bottle is labeled 300mg four times daily and the Neurontin 400mg bottle is labeled 400mg twice daily.	Labels were changed by pharmacy for members #45 and 21 Other members on hospice were reviewed for accuracy of labels. Facility will designate pharmacy to obtain meds from and will follow facility process for label changes. When the Hospice Nurse notifies the Pharmacy of a Hospice member med change, they will ask for a new label. Completion date: 4/15//09 An audit will be completed monthly with results shared with QA for review and recommendations.	Joan Hult Joan Hult				
51.180 Pharmacy services. e. 1.	The facility management must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 51.210 (h) of this part. The facility management must have a system for disseminating drug information to medical and nursing staff. In accordance with State and Federal laws, the facility management must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	This regulation is not met as evidenced by: -Unit G, eye drops were found in an unlocked drawer in room G10 -Facility policy states open insulin bottles expire 30 days after opening which is inconsistent with manufacturer labeling for lantus insulin.2.	Nursing staff have been re-educated on locking medications/eye drops up when not being given. Completion date: 4/10/09 The policy and procedure on insulin bottles expiration date has been revised. Nursing staff have been educated on this policy change. Completion date: 4/10/09	Roz Phillips Roz Phillips				
51.200 Physical environment. c. 1.	The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the	This regulation was not met as evidenced by: -The facility is not following the policy for AED checks. Policy states contracted agency will perform checks the first of every month. Documentation showed that it had only been done every 6 months.	The AED will be checked by Bioelectronics every 6 months. The policy and	Roz Phillips				

2.	public. Space and equipment. Facility management must: Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident's plan of care; and Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.	-Two patient lifts were noted to be without pins to prevent slippage. -Piped Oxygen system not tested timely as annual test was three months behind.	procedure has been revised to reflect this. Completion date: 3/27/09 The lifts are on a preventive maintenance program. The nursing staff has been educated to notify maintenance regarding missing pins and when a pin is missing, the lifts will be tagged and taken out of service. These lifts are currently repaired. Completion date: 3/18/09 The piped in oxygen inspection was completed in 2/09, 3 months later than the previous year due to a family emergency of the provider. This system has been placed on the providers recurring inspection list for January of each year. Completion Date: 3/18/09	Jeff Rethwisch Roz Phillips Jeff Rethwisch				

Did the SVH submit CAP within 10 days? _____Yes _____No

Approve / Disapprove

Full Certification Provisional Certification